

pressure can be regulated to a nicety without interference with respiratory movement. The fixture—belt, band, or corset—should be adapted to the individual who wears it, and should be regarded as a makeshift during the endeavor to reestablish correct physiological relations.

SUMMARY AND CONCLUSIONS. This contribution is a plea for the view that splanchnic stasis is not a pathological curiosity, but that it is potentially present, and may be the starting-point for vicious circles of derangement in every case of general functional weakness.

It has been shown that in the erect posture the blood would largely gravitate into the splanchnic veins were it not for the reaction of physiological mechanisms of which the splanchnic vaso-motor apparatus and the muscles of the abdominal wall are the chief factors. Laxness of the abdominal wall, probably leads, in the erect posture, to the establishment of a negative pressure within the abdomen, which it is a prime object of treatment to correct.

It is pointed out that depletion of the intracranial blood current must follow insufficient compensation of the hydrostatic pressure involved in the erect posture. Virtual anemia of the brain leading to a multiplicity of disorders, not the least of which is probably vasomotor overstrain, is the natural sequence. It is probable that excess of blood-pressure in the recumbent as compared with the erect posture is a trustworthy index of splanchnic stasis.

No attempt has been made here to exploit the possible influence of splanchnic stasis on the oxygenating power of the lungs or their resistance toward infection or on the metabolism of the abdominal viscera and intoxications arising therefrom.

THE FASTING TREATMENT OF DIABETES MELLITUS,
WITH SPECIAL REFERENCE TO ACIDOSIS.¹

BY EDGAR STILLMAN, M.D.,
NEW YORK.

(From the Hospital of The Rockefeller Institute for Medical Research.)

SINCE its inception by Rollo the dietetic treatment of diabetes mellitus has had as its object the attainment of the alycosuric state. To attain this state, carbohydrate was withdrawn from the diet; this was done, but never quite satisfactorily, because with-

¹ Read before the New York Academy of Medicine, December 21, 1915.

IV. For convenience of description the diabetics above described were classified into four groups. This classification is based on the type of response to prolonged fasting as indicated by the degree of blood alkalinity.

V. When the degree of acidosis present is determined daily by the method described, experience so far indicates that all cases of diabetes may be treated by the fasting method safely and with benefit.

THE EAR-TESTS OF BARANY IN LOCATING CEREBELLAR AND OTHER ENCEPHALIC LESIONS.¹

BY B. ALEX. RANDALL, M.A., M.D.,
PROFESSOR OF OTOTOLOGY, UNIVERSITY OF PENNSYLVANIA,

AND

ISAAC H. JONES, M.A., M.D.,
INSTRUCTOR IN NEURO-OTOTOLOGY, UNIVERSITY OF PENNSYLVANIA,
PHILADELPHIA, PA.

THE importance to the aural surgeon of the Barany tests is generally known, and they have even been overworked in leading to needless operations upon the labyrinth; but in the broader aspects of diagnosis we have probably made only a beginning, and it is to this side of the matter that we would claim attention, particularly the attention of the otologist, who alone can rightly make some of these investigations, since the neurologist and the general surgeon rarely have the needed otological training: and the otologist, for that matter, must renew or enlarge his neurology if he is to progress accurately in this complex field. Yet time for successful intervention in many intracranial morbid conditions is usually short and may not permit of any elaborate co-operative study by a group of specialists—success will be highest when competent head and hand can be united in one person, as we have seen in the low mortality of lateral sinus thrombosis when operated on by the skilled aural surgeon.

With so good a leader as Barany in this modern advance, progress has been rapid and generally sure; yet errors have crept in at many points and obtained temporary currency; and only the combined critical study, tested and corrected by the crucial touchstone of operation or autopsy, can convert the findings from empiric gropings into scientific data leading on to new conquests. For this the large hospitals offer fine opportunities, and we have been very fortunate in Philadelphia to have been able to utilize these to a notable extent.

With this purpose there has been created in the University of Pennsylvania a Department of Neuro-otology, devoted exclusively to this work; and in the past year and a half we have examined

¹ Read before the American Otological Society, June 3, 1916.